Edgar Filing: AVEO PHARMACEUTICALS INC - Form 4

AVEO PHA Form 4 June 01, 201	RMACEUTICA	LS INC	U							
FORM								-	PPROVA	۱L
	UNITED	Washington, D.C. 20549							DMB 3235-0287 Number: January 31, Expires: 2005 Estimated average burden hours per esponse 0.5	
Check th if no long subject to Section 1 Form 4 c	ser STATEN									
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type I	Responses)									
1. Name and Address of Reporting Person <u>*</u> EVNIN ANTHONY B			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
	AVEO PHARMACEUTICALS INC [AVEO]				C (Check all applicable)					
(Last)				3. Date of Earliest Transaction (Month/Day/Year)			X_ Director 10% Owner Officer (give titleOther (specify below)below)			
	PHARMACEUT . KENDALL ST		05/28/2	2015			below)	below)		
	4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 						
CAMBRID	GE, MA 02142							More than One R		
(City)	(State)	(Zip)	Tal	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	ł
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if TransactionAcquired (A) or Code Disposed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	ıl		
Damindar Dar	ort on a senarata line	for each al	nes of see				or indirectly			
Reminder: Rep	oort on a separate line	e for each cl	ass of sec	urities bene	-	-	or indirectly.	ection of	SEC 1474	
					inform requir	nation cont ed to resp ys a curre	tained in this forn ond unless the fo ntly valid OMB co	n are not rm	(9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	`` `	(Month/Day/Year)		4)
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amoun or Number of Share
Stock Option(right to buy)	\$ 2	05/28/2015		А	20,000	(1)	05/28/2025	Common Stock	20,00

Reporting Owners

Reporting Owner Name / Address					
		Director	10% Owner	Officer	Other
EVNIN ANTHONY B C/O AVEO PHARMACEUTICAL 650 E. KENDALL STREET CAMBRIDGE, MA 02142	S, INC.	Х			
Signatures					
/s/ Ryan Bis, Attorney-in-Fact	05/29/201	15			
**Signature of Reporting Person	Date				

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) This option vests in twelve equal monthly installments, with the first tranche exercisable on July 1, 2015.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.